Entered - 12/29/99 - sb CL 99L0890 - GWENDOLYN BURNS

01-R-0517

**CLAIM OF: SAFEYAH ARMSTRONG** 7124 Soutlake Parkway, Apt. X-1 Morrow, Georgia 30260

For vehicular damages alleged to have been sustained as a result of driving over a pot hole on November 6, 1999 at North Avenue between Linwood Avenue & Ralph McGill Boulevard.

THIS ADVERSED REPORT IS **APPROVED** 

**DEPUTY CITY ATTORNEY** 

## **DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. 99L0890	Date: <u>March 15, 2001</u>
Claimant /Victim SAFEVAH ADMSTDONG	
Claimant /VictimSAFEYAH ARMSTRONG BY: (Atty) (Ins. Co.)	
Address: 7124 Southlake Parkway, Apt. X-1, Morrow, 6	Georgia 20260
Subrogation: Claim for Property damage \$ 40	2 Podily Injury C
Date of Notice: 12/6/99 Method: Writt	2 Bodily Injury \$ en, Proper X Improper
Conforms to Notice: O.C.G.A. 836-33-5	Ante Litem (6 Ma)
Date of Occurrence 11/6/99	Ante Litem (6 Mo.) X  Place: North Avenue
Department PUBLIC WORKS	Division STREET
Employee involved David Baker	Disciplinary Action:
	_ Disciplinary rection.
NATURE OF CLAIM: Claimant alleges that her vehicle su	istained damages when she drove over a pot hole in the roadway.
However, the claimant has failed to pursue her claim.	the road way.
INVESTIGATION:	
Statements: City employee Claimant	Others Oral
Pictures Diagrams Reports: Police	Dept Report Other X
Traffic citations issued: City Driver	Claimant Driver
Citation disposition: City Driver	Claimant Driver
BASIS OF RECOMMENDATION:	
Function: Governmental X	Ministerial
Improper Notice More than Six Months	Other X Damages reasonable
City not involved Offer rejecte	d Compromise settlement
Repair/replacement by Ins. Co.	Repair/replacement by City Forces
Claimant Negligent City Negligent	Joint Claim Abandoned X
	Respectfully submitted,
	$\mathcal{L}$
	Kruendolon Or
	Community 10-
	INVESTIGATOR - GWENDOLYN BURNS
RECOMMENDATION:	
RECOMMENDATION:	•
Pay \$ Adverse / (X)	2701 2701
Pay \$ Adverse XX Adverse Claims Manager: Adverse XX Ad	ccount charged: 1A01 2J01 2H01 Concur/date
Committee Action:	
Committee Action.	Council Action
FORM 23-61	

Reeves 12/28/99

COLDICAL	n p
COUNCIL OF THE CITY OF ATLANTA  MUNICIPAL CLERK	RE: CLAIM FOR DAMAGES
MUNICIPAL CLERK City Hall	Today's Date: 12, 02 00
55 Trinity Avenue, S.W.	NTERED - 12-29-99 - SB
Atlanta, Georgia 30335 DEC _ 6 1999 9	9L0890 - MIKE REEVES
Dear Municipal Clerk:	12-06-99P05:28 RCVD
MUNICIPAL CLERK	<b>X</b> C 10
This is to notify the City of Atlanta that I have suffered dan	nages in the amount sum of \$ 49.1% property
and/or\$bodily injury for which I conten	
1. Date of incident:	2. Police called: Yes No
(month/day/ year)	Yes No
3. Location of incident: On MOND AVI. DE	lucen hinwood & halph MGill
	47) Policy No. <u>932</u> 1905-029
5. State what and how incident occurred: UNS	ariving dam I lah Junus i Shir
	1 my hubrap to papal and
(1130 pent nul ring	0
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO I RESULT IN YOUR CLAIM BEING DENIED AND MAY	NSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN CRIMINAL PROSECUTION!
7. The registered owner must make the claim for yehi	cle damages, complete the following and attach two (2)
estimates of repair and proof of ownership of your vehic	cle (copy of the current tag receipt or title).
	495 GRW Softwah Arnstrong
	(tag number) (driver's name)
	(Giver a maine)
City vehicle: (City driver's	(1
10 1/2 0 000	( )
8. Witness: JUNIU DIUIN (1)	Or (10 10) (404) 200 - 4702 (telephone number)
•	(telephone number)
State law, nor is it an admission of liability on behalf of	the Sovereign immunity of the City of Atlanta, as granted by the City of Atlanta and/or its employee(s).
10. This claim should be mailed immediately to the address	shown above.
I HEREBY SWEAR OR AFFIRM THAT THE ABOVE	Sell. Ille
INFORMATION IS TRUE AND CORRECT.	(claimant's name)
	7124 Southfale Trion Apt. X-1
	(address)
	- MUNDID, CO. SLOVED
04 0 0545	(city and state)
01- 2-0517	= 070) $461 - 5800$
	(work number) (home number)